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DLN: 93493320017776

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

A F	or the	2015 ca	lendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015	5			
B Che	eck if an	plicable	C Name of organization		D Emplo	oyer ide	entification number
	dress c		GLOBAL CLEVELAND		27-5	24553	9
┌ Na	ame cha	ange	Doing business as			21333	
In	ıtıal retu	urn	During Business as				
Fil	nal ⁄termina	atod	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Teleph	one nun	nber
_	nended		200 PUBLIC SQUARÈ NO 150		(216) 472-	3282
		pending	City or town, state or province, country, and ZIP or foreign postal code			•	
		. ,	CLEVELAND, OH 44114		G Gross	receipts	\$ 352,709
			F Name and address of principal officer	H(a) Io	this a group	n retur	o for
			DAVID FLESHLER		ubordinates 7		⊤ Yes 🗸
			200 PUBLIC SQUARE NO 150 CLEVELAND,OH 44114	1	No		1
T Ta:	x-exem	pt status			re all subord icluded?	linates	□Yes □ No
			▼ 501(c)(3)			h a list	(see instructions)
J W	ebsite	::► WW	/W GLOBALCLEVELAND ORG		Group exemp		,
K Forr	m of ord	anization	✓ Corporation Trust Association Other ►		of formation 2		State of legal domicile O
Pa		Sum					
			scribe the organization's mission or most significant activities ACT,WELCOME,CONNECT INTERNATIONAL NEWCOMERS TO ECON		ND SOCIAL	\cap PPC	ADTHNITIES IN
	1		ND AND CUYAHOGA COUNTY	ionic A	ND SOCIAL	. 0110	TRI ONTITES IN
Çe							
E	_						
E G							
Governance	2 0	heck th	is box ▶ ☐ if the organization discontinued its operations or disposed o	f more tha	an 25% of it	s net a	ssets
] 3 N	lumber	of voting members of the governing body (Part VI, line 1a)			з	30
Activities &			of independent voting members of the governing body (Part VI, line 1b)			4	28
Ē			mber of individuals employed in calendar year 2015 (Part V, line 2a) .			5	9
Ş			mber of volunteers (estimate if necessary)			6	300
•			related business revenue from Part VIII, column (C), line 12			7a	0
			ated business taxable income from Form 990-T, line 34			7a 7b	0
	D IN	et unicie	accubusiness taxable income from Form 550 T, fine 54	_	Prior Year	/b	Current Year
		Contri	butions and grants (Part VIII, line 1h)	<u>'</u>		966	
<u>a</u> i	8		, , ,		1,192	0	352,709
Ravenue	10	_	am service revenue (Part VIII, line 2g)			0	
Ŗ.	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
			revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
	12	12)	revenue—aud filles o tillough 11 (filust equal Fait VIII, column (A), fille		1,192	,866	352,709
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)			0	(
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)			0	(
	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines		499	250	623,392
Ses		5-10				,239	025,597
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	(
Ä	b	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶93,813				
_	17	Other	expenses (Part IX, column (A), lines $11a-11d$, $11f-24e$)		715	,546	472,815
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,214	,805	1,096,207
	19	Reven	ue less expenses Subtract line 18 from line 12		-21	,939	-743,498
e δ				Beginnii	ng of Current	Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)	\vdash	1,346	051	635,639
AB.	20				167		·
ĕ₩	21 22		liabilities (Part X, line 26)	'			201,04
	22 1 3 11		ssets or fund balances Subtract line 21 from line 20		1,178	,090	434,598
Unde	r pena	Ities of	perjury, I declare that I have examined this return, including accompany				
			belief, it is true, correct, and complete Declaration of preparer (other the nowledge	an officer) is based or	n all info	ormation of which
r pu	CI 11d	- an , N	·····				
		****			2016-11-14		
Sign		Signa	ature of officer		Date		
Here	e		D FLESHLER BOARD CHAIR				
		y	or print name and title			T =	
_	_		Print/Type preparer's name Preparer's signature Da AURIE A GATTEN CPA LAURIE A GATTEN CPA 20	te 16-11-14	Check if	PTIN P0139	9120
Paid		-			self-employed		
	pare	r -	Firm's name ► BARNES WENDLING CPAS INC Firm's address ► 5050 WATERFORD DRIVE		Firm's EIN ► 3 Phone no (44		
Use	Onl	y			. Hone Ho (44	U) JJ4-3	
			SHEFFIELD VILLAGE, OH 44035				<u> </u>
May t	the ID	S discus	es this return with the preparer shown above? (see instructions)				Ves No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 뉯	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2015) Page 4 Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Νo 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22 Nο IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's Νo current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d Νo 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a

instructions for applicable filing thresholds, conditions, and exceptions)

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 🔀 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

member of any of these persons? If "Yes," complete Schedule L, Part III

Nο

Νo

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Νo

Νo

Νo

25b

26

27

28a

28h

28c

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30

31

32

33

34

35a

35b

36

37

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Yes

Form 990 (2015)

Yes

Yes

Yes

Yes

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V .	<u> </u>		· ·	
1-	Entor	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	15		Yes	No
		the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
С		ne organization comply with backup withholding rules for reportable payments to vendors an ng (qambling) winnings to prize winners?	d reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and				
		statements, filed for the calendar year ending with or within the year covered s return	9			
h	,	s return		2b	Yes	
b		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc				
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?		3a		Νo
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul	e0	3b		
4 a		y time during the calendar year, did the organization have an interest in, or a signature or o				
		a financial account in a foreign country (such as a bank account, securities account, or oth int)?	er financial	4a		No
ь		es," enter the name of the foreign country				
	See in	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financi	ıal Accounts			
	(FBAR	R)				
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time during the tax ye	ar?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter ti	ransaction?	5b		No
c	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?	[
6-	Door	the organization have annual gross receipts that are normally greater than \$100,000, and	did the	5c		No
оa		the organization have annual gross receipts that are normally greater than \$100,000, and ization solicit any contributions that were not tax deductible as charitable contributions?		6a		Νo
b		es," did the organization include with every solicitation an express statement that such con	tributions or gifts			
_		not tax deductible?	· ·	6b		
	_	nizations that may receive deductible contributions under section 170(c). ne organization receive a payment in excess of \$75 made partly as a contribution and partly	y for goods and	7a		No
d		ces provided to the payor?	, ioi goods alld	/ d		- N O
b	If"Ye	es," did the organization notify the donor of the value of the goods or services provided? $$.	[7b		
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which	it was required to	7c		No
А		orm 8282?		,		NO
_						
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit o	contract?	7£		No
		organization received a contribution of qualified intellectual property, did the organization f				
_	requir	red?		7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the org	anization file a	7h		
8		soring organizations maintaining donor advised funds.				
		donor advised fund maintained by the sponsoring organization have excess business holdi	ngs at any time			
_		g the year?		8		
		ne sponsoring organization make any taxable distributions under section 4966?	-	9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
LO a		on 501(c)(7) organizations. Enter tion fees and capital contributions included on Part VIII, line 12 10a				
		s receipts, included on Form 990, Part VIII, line 12, for public use of club				
-	faciliti					
L1		on 501(c)(12) organizations. Enter				
		s income from members or shareholders				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
. ~	_		10413	_		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	1041/	12a		
U	year	12b				
L3	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
_	T c + L	a propagation because discuss qualified health whom in mount they are at-t-2M-1.	Instructions for			
d		e organization licensed to issue qualified health plans in more than one state? Note. See the onal information the organization must report on Schedule O	mstructions for	13 a		
b		the amount of reserves the organization is required to maintain by the states				
		ch the organization is licensed to issue qualified health plans				
		the amount of reserves on hand		.		
		ne organization receive any payments for indoor tanning services during the tax year?		14a		No
D	TI " Y e	es," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Sched</i>	uieO	14b		

orm	990 (2015)					Page	
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,	
	Check if Schedule O contains a response or note to any line in this Part VI					[
Se	ction A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	28				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2	Yes		
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .						
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4		No	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No	
6	Did the organization have members or stockholders?			6		No	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	, ,	members, stockholders,	7b		No	
8	$\mbox{\rm Did}$ the organization contemporaneously document the meetings held or written active by the following	ons u	ndertaken during the				
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No	
Se	ction B. Policies (This Section B requests information about policies not	requ.	red by the Internal R	even	ue Cod	e.)	
					Yes	No	

10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes ${f b}$ Other officers or key employees of the organization 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

PAMELA M HOLMES CFO 200 PUBLIC SQUARE SUITE 150 CLEVELAND, OH 44114 (216) 472-3282

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more to	than o	one I both ector	box, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

art VII	Section A. Officers,	Directors, Trustees	, Kev Employees,	and Highest Co	ompensated Employees	(continued)
	,		,,,,		····	(

									I	
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Addıtıonal Data Table										
1b Sub-Total						▶				
c Total from continuation sheet	•					. ▶[
d Total (add lines 1b and 1c) .			<u></u>			>		293,117	0	50,768

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual
 - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person . . .

Section B. Independent Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(A)	(B)	(C)
Name and business address	Description of services	Compensation

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

3

4

5

No

Νo

Νo

Νo

orm 99								Page 9
Part V	/	Statement o						_
		Check If Schedi	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इ	1a	Federated cam	paigns 1a					
Gifts, Grants ilar Amounts	ь	Membership du	es 1b					
. Gr	С	Fundraising eve	ents 1c					
ifts ar /	d	Related organiz	zations 1d					
s, G mil	e	Government grants	s (contributions) 1e	50,000				
ion r Si	f		ons, gifts, grants, and 1f	302,709				i
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts no	or included above					
ntri d O	_	1a-1f \$			353 700			
Cont and	h	Total. Add lines	s 1a-1f		352,709			
Program Service Revenue	2a b c d			Business Code				
ıgram Ser	e	-						1
	f	All other progra	am service revenue					
4	g	Total. Add lines	s 2a-2f					+
	3		ome (including dividen					
	4		ar amounts) stment of tax-exempt bond ;	- F				+
	5			▶				+
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
/enne/	8a	Gross income f events (not inc	luding					
Other Revenue	_	See Part IV, Iır	а					
ŏ	C B		penses b (loss) from fundraising (events .				
		Gross income f	rom gaming activities ne 19	,				
	b c		penses b (loss) from gaming activ					
	10a	Gross sales of returns and allo		•				
	b c	Net income or (oods sold b (loss) from sales of inve					
	44-	Miscellaneou	s Revenue	Business Code				
	11a b							
	C				+			
	d	All other reven	ue					
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions	▶	25			
		_		.	352,709	0		0 Form 990 (2015

	990 (2015)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns			, , ,	
	Check if Schedule O contains a response or note to any line in	this Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	293,117	240,357	26,380	26,380
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	212,049	171,815	20,117	20,117
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	75,165	61,233	7,014	6,918
10	Payroll taxes	43,061	35,135	3,963	3,963
11	Fees for services (non-employees)				
а	Management				
b	Legal	10,310		5,510	4,800
С	Accounting	22,310	8,886	12,061	1,363
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	124,843	107,955	6,638	10,250
12	Advertising and promotion	66,834	66,454	380	
13	Office expenses	49,506	28,678	18,291	2,537
14	Information technology	2,921	,	2,921	•
15	Royalties	,		,	
16	Occupancy	59,590	35,755	18,135	5,700
17	Travel	39,390	33,733	10,133	3,700
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,559	21,368	1,167	2,024
20	Interest	5,202		5,202	2,321
21	Payments to affiliates	-,		-7	
22	Depreciation, depletion, and amortization	104,504	61,803	33,019	9,682
23	Insurance	2,236	1,717	440	79
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	2,230	1,/1/	740	73
_					
a b					
C					
d	A H a H a m a m a m a m				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,096,207	841,156	161,238	93,813
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

	990 (2	•					Page 11
Par	t X	Balance Sheet		Dt V			_
		Check if Schedule O contains a response or note to any line	in this	Partx		•	· · · ·
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			374,612	1	15,664
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			631,683	3	388,603
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officer key employees, and highest compensated employees Com Schedule L	nplete F			5	
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(c) employees' beneficiary organizations (see instructions) CoSchedule L	(3)(B), (9) voli	and contributing untary		_	
		Notes and leans recovering not				6 7	
	8	Notes and loans receivable, net				8	
	9	Inventories for sale or use	• '		500	9	286
	-	Prepaid expenses and deferred charges			500	9	200
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	489,385			
	b	Less accumulated depreciation	10b	267,927	324,462	10 c	221,458
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		•		12	
	13	Investments—program-related See Part IV, line 11	•			13	
	14	Intangible assets		1,500	14		
	15	Other assets See Part IV, line 11			13,294	15	9,628
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,346,051	16	635,639	
	17	Accounts payable and accrued expenses			47,812	17	29,760
	18	Grants payable	•			18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>۷</u>	21	Escrow or custodial account liability Complete Part IV of S				21	
lities	22	Loans and other payables to current and former officers, di key employees, highest compensated employees, and disq					
Liabi		persons Complete Part II of Schedule L				22	79,000
\equiv	23	Secured mortgages and notes payable to unrelated third pa			120, 143	23	92,281
	24	Unsecured notes and loans payable to unrelated third parti				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related	third parties,		25	
		**************************************			107.055	25	204.044
	26	Total liabilities. Add lines 17 through 25			167,955	26	201,041
seo		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	▶	and complete			
ar)	27	Unrestricted net assets			546,413	27	60,847
Ba	28	Temporarily restricted net assets			631,683	28	373,751
pu Du	29	Permanently restricted net assets			,	29	,
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	ck here	► and			

30

31 32

33

34

Capital stock or trust principal, or current funds . .

Total net assets or fund balances . .

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

434,598

30

31

32

33

1,178,096

1,346,051

Both consolidated and separate basis

Both consolidated and separate basis

2b

2c

3a

3b

Yes

Yes

Nο

Form 990 (2015)

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Software ID: Software Version:

EIN: 27-5245539

Name: GLOBAL CLEVELAND

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	tees	, Ke	ey Employees	, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours	Pos more pers	ition than on is	(C) (do one bot	not box h an	checl , unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ALBERT RATNER BOARD MEMBER	1 00	x						0	0	C
MARI GALINDO-DASILVA BOARD MEMBER	1 00	x						0	0	C
RADHIKA REDDY BOARD MEMBER	1 00	x						0	0	
DAVID FLESHLER CHAIRMAN	3 00	×		х				0	0	C
BOB ROSING BOARD MEMBER	1 00	х						0	0	0
JUDGE DAN POLSTER BOARD MEMBER	1 00	х						0	0	C
DANIEL WALSH JR TREASURER AND VICE CHAIR	1 00	x		х				0	0	C
EDWARD BELL BOARD MEMBER	1 00	x						0	0	C
DOUGLAS BUGIE BOARD MEMBER	1 00	x						0	0	C
ROBERT BRIGGS BOARD MEMBER	1 00	×						0	0	d

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and Inde	pendent cor	Huac	, LUIS	3				1	1	1 '
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles d	nore tl ss pe offic direct	than ersoi icer tor/t	not one on is and 'trust	tee)	, an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
MARGARET WONG BOARD MEMBER	1 00	х						0	0	0
OREN BARATZ SECRETARY	1 00	x		х				0	0	0
JOSEPH CABRAL BOARD MEMBER	1 00	x						0	0	0
WILLIAM GARY SR BOARD MEMBER	1 00	х						0	0	0
FRED GEIS BOARD MEMBER	1 00	x						0	0	0
THOMAS TOMASULA JR BOARD MEMBER	1 00	x						0	0	0
THOMAS WALTERMIRE BOARD MEMBER	1 00	х						0	0	0
VALARIE MCCALL BOARD MEMBER	1 00	x						0	0	C
TOM ADLER	1 00	['	<u> </u>				<u> </u>		· '	

1 00

BOARD MEMBER

RONALD B RICHARD
BOARD MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde					Γru	stee	s, k	(ey Employe	es, Highest	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	than erso cer tor/i	not one n is and trus	tee)	an Form	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		trustee r	nal Trustee		oyee	st compensated				
GARY HANSON BOARD MEMBER	1 00	×						0	0	0
CAROLYN BULLER BOARD MEMBER	1 00	×						0	0	0
CHARLES CHAIKIN BOARD MEMBER	1 00	×						0	0	0
SAM MCNULTY BOARD MEMBER	1 00	×						0	0	0
MARSHA MOCKABEE BOARD MEMBER	1 00	×						0	0	0
NEIL MOHNEY BOARD MEMBER	1 00	×						0	0	0
BAIJU SHAH	3 00	х						0	0	0

1 00

1 00

1 00

Х

Χ

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

SHEILA WRIGHT BOARD MEMBER

CATHERINE WURTS

NORMAN STEINER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest
Compensated Employees, and Independent Contractors

(A)
(B)
(C)
(D)
(E)
(F)
Name and Title
A verage
Position (do not check
Reportable
Estimated

	hours per week (list any hours for related	week (list any hours unless person is both an officer and a				compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
JOY ROLLER PRESIDENT	60 00			х				128,048	0	13,784
PAMELA HOLMES CFO	60 00			х				75,301	0	18,492
RICHARD KONISIEWICZ	40 00			x				89,768	0	18,492

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DLN: 93493320017776 OMB No 1545-0047

Employer identification number

27-5245539

SCHEDULE A (Form 990 or

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Treasury Internal Revenue Service Name of the organization GLOBAL CLEVELAND

Department of the

990EZ)

Part I

1

2 3 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year **(c)**2013 (a)2011 **(b)**2012 (d)2014 **(e)**2015 (f)Total

(or	fiscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(a)2014	(e)2015	(1)1 Otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,900,927	336,680	1,005,992	1,192,866	352,709	4,789,174
2	Tax revenues levied for the organization's benefit and either						
3	paid to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3	1,900,927	336,680	1,005,992	1,192,866	352,709	4,789,174
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						68,453
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						4,720,721
S	ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	fiscal year beginning in) ▶	1,900,927	336,680	1,005,992	1,192,866	352,709	4,789,174
7 8	A mounts from line 4 Gross income from interest,	1,900,927	330,000	1,003,992	1,192,800	332,709	4,769,174
٥	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part		3,258				3,258
	VI)						
11	Total support. Add lines 7 through 10						4,792,432
12	Gross receipts from related activit	ies, etc (see insti	ructions)			12	
13	First five years.If the Form 990 is	for the organization	n's first, second,	third, fourth, or fi	fth tax vear as a s		organization.
	check this box and stop here	3			•	<u>`_``</u>	, g,
S	ection C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 201	5 (line 6, column (f) divided by line	11, column (f))		14	98 500 %
15	Public support percentage for 201	4 Schedule A, Par	t II, line 14			15	
16a	33 1/3% support test-2015.If the	organization did r	ot check the box	on line 13, and li	ne 14 is 33 1/3%		nis box
	and stop here. The organization qu	-				,	▶ 🔽
b	33 1/3% support test—2014.If the	organization did r	not check a box o	n line 13 or 16a,	and line 15 is 33	1/3% or more, ch	
	box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization	_					
	in Part VI how the organization me						rted
	organization			3	ļ	7	▶┌
b	10%-facts-and-circumstances test	_					·
	15 is 10% or more, and if the organize						v
	Explain in Part VI how the organization	ation meets the "Ta	icis-aliu-circums	itances test Ine	: organization qua	imes as a publici	y ▶ [
18	Private foundation. If the organiza	tion did not check	a box on line 13.	16a, 16b, 17a. o	r 17b, check this	box and see	F 1
	instructions		,	, , , , , ,	,		▶┌
							•

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

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SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

DLN: 93493320017776

Open to Public Inspection

Interr	nal Revenue Service	·	2115 pection
	me of the organization DBAL CLEVELAND		Employer identification number
OL			27-5245539
Pa		Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	(INFormation and other processing)
1	Total number at end of year	(a) Donor advised funds	(b)Funds and other accounts
	·		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	2	or advised Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?		
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes" o	n Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)	
	Preservation of land for public use (e g , recreeducation)		n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in the	ne form of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme		2b
С	Number of conservation easements on a certified	, ,	2c
d	Number of conservation easements included in (o historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminate	d by the organization during the
	tax year ▶		
4	Number of states where property subject to cons	ervation easement is located >	_
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		lling of Yes No
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, and enforci	ng conservation easements during the
	>		
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing co	nservation easements during the year
	▶ \$		
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requirements of sec	tion 170(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial sements	statements that describes
Pai	Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education, o	or research in furtherance of public

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2015

▶ \$ __

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storica	l Trea	sures, or (Other	Similar A	ssets
3		the organization's acquisition, accertion items (check all that apply)	ession, and other reco	ords, ch	neck any	of the	following that	are a sı	gnıficant use	e of its
а	i	Public exhibition		d	Г	oan or	exchange pro	grams		
b	<u> </u>	Scholarly research		e	Го	ther				
c	Γ	Preservation for future generations								
4	Provide Part >	de a description of the organization's	s collections and exp	laın ho	w they fu	rther th	ne organizatio	n's exer	npt purpose	ın
5		g the year, did the organization solid s to be sold to raise funds rather the							ar Yes	i
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a		Form	990 Pa	rt IV	line 9 or re	norted	an amoun	t on Form 990
		Part X, line 21.				,		Ported	un amoun	
1a		organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	for cont	rıbutıo	ns or other as:	sets not	t Ves	;
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fol	llowina ta	able			A me	ount
c		ginning balance					10	: 🗀		
d		ditions during the year					10	ı		
e		tributions during the year					16	:		
f		ling balance					1f			
2 a		ie organization include an amount oi	n Form 990, Part X, Iı	ne 21,	for escr	ow or c	ــــــ ustodial accou	ınt lıabı	lity? Ves	. □ No
b		s," explain the arrangement in Part							•	
Pa	rt V	Endowment Funds. Comple								· · · · · —
		'	(a)Current year		nor year		Two years back		e years back	(e)Four years back
1a	Begir	ning of year balance								
b	Conti	ributions · · · · · · · ·								
c	Net II losse	nvestment earnings, gains, and s								
d	Grant	s or scholarships								
е		r expenditures for facilities rograms								
f	Δ dmi	nistrative expenses								
g		of year balance								
2	Provid	· · · · · · · · de the estimated percentage of the o	Lurrent vear end hala	nce (lir	ne 1 a co	Lumn (:	a)) held as			
a		designated or quasi-endowment	carrent year ena bara	nee (m	10 19,00	ranni (c	ijj liela as			
		- '								
b		anent endowment ▶								
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%							
3а		nere endowment funds not in the pos	session of the organi	zatıon	that are	held ar	nd administere	d for th	e	
	_	ızatıon by related organızatıons							3a	Yes No
	``	lated organizations					•		3a	· · · · · · · · · · · · · · · · · · ·
b		s" on 3a(II), are the related organiza					·			b
4	Desci	ribe in Part XIII the intended uses o	of the organization's e	ndowm	ent fund	S				
Pa	rt VI	Land, Buildings, and Equip			00 D-		11- 6	F 6	200 P- LV	1 10
		Complete if the organization a Description of property	inswered Yes to F	orm 9	90, Par (a)		ne 11a.See (b)	Form S	Accumulated	(d)Book value
				c	ost or oth	er basıs	Cost or other b	asıs (c	depreciation	, , , , , , , , , , , , , , , , , , ,
	Land				inivestill	iciit)	(other)	_		+
		gs						+		
		old improvements					249,6	572	174,77	70 74,902
		nent		. 🗀			178,	_	63,24	· ·
e	Other			.			61,:		29,91	+

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

221,458

See Form 990, Part X, line 12. (a) Description of security or category.	gory	(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market valu
(2)Closely-held equity interests			
(3) O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12			
Part VIII Investments—Program Related	1.		
Complete if the organization answer	ered 'Yes' on Form 99		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) •		
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	/	Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	zation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organize (a) D	zation answered 'Yes' on escription		(b) Book value
(a) D Total. (Column (b) must equal Form 990, Part X, col (B) Is	zation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Assets. Complete if the organization (a) D Total See Form 990, Part X, line 25.	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the	zation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' on escription line 15) organization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	zation answered 'Yes' on escription line 15) organization answere (b) Book value		(b) Book value

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

1

2

417,623

	5 ,			1	II .		1 1	
b	Donated services and use of	facilities		2b		64,914		
c	Recoveries of prior year gran	ts		2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d .						2e	64,914
3	Subtract line 2e from line 1						3	352,709
4	A mounts included on Form 9	90, Part VIII, line 12, but not on line	e 1					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7	7b .	4a				
b	Other (Describe in Part XIII)		4b			1	
c	Add lines 4a and 4b						4c	0
5	Total revenue Add lines 3 ar	d 4c. (This must equal Form 990, Pa	irt I, line	12)			5	352,709
Part		xpenses per Audited Financ				•	s per Rei	turn.
		nization answered 'Yes' on Forn						
1	•	er audited financial statements .					1	1,161,121
2	A mounts included on line 1 b	ut not on Form 990, Part IX, line 25						
а	Donated services and use of	facılıtıes		2a		64,914		
b	Prior year adjustments .		-	2b				
c	Otherlosses			2c				
d	Other (Describe in Part XIII)		2 d				
e	Add lines 2a through 2d .						2e	64,914
3	Subtract line 2e from line 1						3	1,096,207
4	Amounts included on Form 9	90, Part IX, line 25, but not on line 1	L:					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7	7b .	. 4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b			-			4c	0
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, I	Part I, lı	ne 18)		5	1,096,207
Pari	Supplemental In	formation						
Part		r Part II, lines 3, 5, and 9, Part III, , lines 2d and 4b, and Part XII, line						ny additional
	Return Reference	Expla	nation					
PART	X, LINE 2	THE ORGANIZATION WAS INCO	RS BEFO	RE 20	12 BY TA	KÍNG AUTHO	RITIES IN	JURISDICTIONS

| 2a |

EACH BALANCE SHEET DATE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, TO DETERMINE

ORGANIZATION'S POLICY IS TO RECORD INTEREST AND PENALTIES ON UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE AS OF DECEMBER 31, 2015 AND 2014, THE ORGANIZATION HAD NO ACCRUED TAXES, INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS THE ORGANIZATION ESTIMATES THE UNRECOGNIZED TAX BENEFIT WILL NOT CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS

THE NEED TO RECORD LIABILITIES FOR TAXES, PENALTIES, AND INTEREST THE

Schedule D (Form 990) 2015		
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

DLN: 93493320017776 OMB No 1545-0047

2015

Open to Public

Department of the
Treasury
Internal Revenue Servi

Schedule L (Form 990 or 990-EZ)

nternal Revenue S	ervice		•						l	411	<u> </u>	011
Name of the of GLOBAL CLEVELAN								-		ication	number	
Dawl I Ewo	aca Banafit T		, , ,			4) 1504()		-5245				
	ess Benefit T plete if the organ										10b	
	me of disqualified				ween disqualifi				ription		(d) Corr	ected?
1 (4) (4)	ne or arsquamica	person	(b) Kela	•	ganızatıon	ea person and	(•	action	~'	Yes	No
											103	110
			1									
	amount of tax inc	, ,		nagers or dis	qualified perso	ns during the	year u	nder s	_			
								. '	> \$ -			
3 Enter the	amount of tax, if a	any, on line 2, at	oove, reim	ibursed by th	ie organization			•	> \$.			
Part II Lo	oans to and/o	or From Inte	rested I	Persons.								
	omplete if the org)-EZ, Part V , lı	ne 38a, or For	m 990), Part	IV, lın	e 26, o	rıfthe	
or	ganızatıon reporte	ed an amount on	Form 990	D, Part X, line	e 5, 6, or 22							
(a) Name of	(b) Relationship	(c) Burnoso of	(d) Loai	n to	(e)O riginal	(f)Balance	(a)	In	/h	`	(i)Wri	tton
interested	with	loan	or from		principal	due	defa	In ult?	h (h		agreen	
person	organization		organizat	ion?	amount				by boa		-	
									commi	1		
			То	From			Yes	No	Yes	No	Yes	No
ALBERT B 1)RATNER	BOARD MEMBER	OPERATING EXPENSES	X		79,000	79,000		No	Yes		Yes	
I) KAINLK	MEMBER	LAFLINGES		+								
otal		▶ \$				79,000						
	ants or Assis											
	mplete if the o	_				1						
(a) Name of	•	b) Relationship b		(c) A mount	of assistance	(d) Type of	fassis	tance	(e)	Purpos	e of assi	stance
pers	on In	terested person organizatio										

(1) OREN BARATZ

(3) VALARIE MCCALL

Part V

(e) Sharing

of

revenues? Yes

organization's

No

Nο

Nο

Nο

(d) Description of transaction

106,000 OREN BARATZ, GLOBAL

CLEVELAND DIRECTOR. SENIOR VICE PRESIDENT OF EXTERNAL AFFAIRS.THE JEWISH FEDERATION OF

VICE PRESIDENT OF BUSINESS DEVELOPMENT FOR MEDICAL MUTUAL OF OHIO, THE ENTITY THAT FROM WHICH GLOBAL CLEVELAND PURCHASES ITS MEDICAL COVERAGE

25,000 VALARIE MCCALL, CHIEF OF

GOVERNMENT AND INTERNATIONAL AFFAIRS, CITY OF CLEVELAND THE CITY OF CLEVELAND PAID

ANNUAL DUES

Explanation

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship (c) A mount of

CLEVELAND, AND A FUNDER OF GLOBAL CLEVELAND 67,397 NORMAN STEINER, GLOBAL (2) NORMAN STEINER BOARD MEMBER CLEVELAND DIRECTOR, IS

between interested

person and the

organization

BOARD MEMBER

BOARD MEMBER

transaction

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

SCHEDULE M

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the

▶Information about Schedule M (Form 990) and its instructions is at www.irs.qov/form990

DLN: 93493320017776

OMB No 1545-0047

Open to Public Inspection

Treasury Internal Revenue Service Name of the organization **Employer identification number** GLOBAL CLEVELAND 27-5245539 Part I Types of Property (b) (c) (d) (a) Check Number of contributions Noncash contribution Method of determining noncash contribution amounts ١f or items contributed amounts reported on applicable Form 990, Part VIII, line 1 g Art-Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . Securities—Closely held stock Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures Qualified conservation contribution-Other . . Real estate—Residential . 16 Real estate—Commercial -17 Real estate-Other . .

18 Collectibles . . . Food inventory . . . 19 20 Drugs and medical supplies

Taxidermy . . .

21

22 Historical artifacts . . . Scientific specimens . . Archeological artifacts .

25 Other ▶ (ADVERTISING COST) **26** Other ▶ (

OFFICE SPACE LEASE)

27 Other ▶ (VENUE RENTAL) 28 Other ▶ (

Х Number of Forms 8283 received by the organization during the tax year for contributions

1

1

for which the organization completed Form 8283, Part IV, Donee Acknowledgement

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Χ

Χ

Х

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used 30a Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

Νo 31 Νo 32a Νo

Yes

No

describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

for exempt purposes for the entire holding period? .

b If "Yes," describe the arrangement in Part II

contributions? . . .

b If "Yes," describe in Part II

Cat No 51227J

36,673 FMV

24,550 FMV

3,000 FMV

691 FMV

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS				
Supplemental Information				
•	ide information for re			
	Supplementa Complete to prov			

Department of the

Internal Revenue Service

Name of the organization

Treasury

LINE 11

ormation to Form 990 or 990-EZ

rmation for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

DLN: 93493320017776

Employer identification number

990 Schedule O, Supplemental Information

GLOBAL CLEVELAND 27-5245539

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	I ADVISORY BOARD MEMBERS VALERIE BERTINELLI AND TOM VITALE ARE MARRIED II GLOBAL CLEVELAND DIRECTORS ALBERT B RATNER, THOMAS W ADLER, DAVID FLESHLER AND THE HONORABLE DAN AARON POLSTER HAVE PHILANTHROPIC FUNDS MANAGED BY THE JEWISH FEDERATION OF CLEVELAND (JCF) THE HONORABLE DAN AARON POLSTER IS A BOARD MEMBER OF GLOBAL CLEVELAND AND THE FEDERATION GLOBAL CLEVELAND BOARD MEMBER OREN BARATZ IS SENIOR VICE PRESIDENT OF EXTERNAL AFFAIRS FOR THE JEWISH FEDERATION OF CLEVELAND (JCF) III GLOBAL CLEVELAND DIRECTOR ALBERT B RATNER IS CO-CHAIRMAN EMERITUS FOR FOREST CITY ENTERPRISES, INC AND GLOBAL CLEVELAND DIRECTOR NEIL MOHNEY IS EXECUTIVE COORDINATOR FOR FOREST CITY ENTERPRISES, INC IV GLOBAL CLEVELAND DIRECTOR TOM WALTERMIRE, CEO OF TEAM NEO, RECEIVES FUNDING FROM THE CLEVELAND FOUNDATION RONALD RICHARD, CEO AND PRESIDENT FOR THE CLEVELAND FOUNDATION IS A DIRECTOR OF GLOBAL CLEVELAND VIGEOBAL CLEVELAND DIRECTOR. VALARIE J MCCALL IS CHIEF OF GOVERNMENT AND INTERNATIONAL AFFAIRS FOR THE CITY OF CLEVELAND AND HONORARY BOARD MEMBER FRANK G JACKSON IS MAYOR OF THE CITY OF CLEVELAND VIGLOBAL CLEVELAND DIRECTOR DANIEL P WALSH, JR, PRESIDENT OF THE HUNTINGTON NATIONAL BANK - GREATER CLEVELAND REGION WHERE GLOBAL CLEVELAND HAS ITS BANKING AND BROKERAGE ACCOUNTS AS WELL AS A LINE OF CREDIT VII GLOBAL CLEVELAND DIRECTOR, SHELA WRIGHT, IS DIRECTOR OF COMMUNITY AFFAIRS FOR THE GOOD COMMUNITIES FOUNDATION, A FOUNDATION FUNDED BY ALBERT B RATNER WHO IS ALSO A GLOBAL CLEVELAND DIRECTOR.
FORM 990, PART VI, SECTION B,	PRIOR TO FILING, GLOBAL CLEVELAND PRESIDENT AND CHAIRMAN OF THE BOARD WILL REVIEWS THE 990 THIS DOCUMENT IS REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES, THEN IT IS SUBMITTED TO THE BOARD FOR APPROVAL

990 Schedule O, Supplemental Information Return

Reference

VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST POLICY IS PART OF GLOBAL CLEVELAND'S CODE OF REGULATIONS BOARD MEMBERS ANNUALLY SIGN A STATEMENT INDICATING THEY UNDERSTAND THE POLICY AND DISCLOSE ANY AREAS THAT MAY GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST THE BOARD PERIODICALLY REVIEWS AND MONITORS ALL CONFLICTS OF INTEREST DIRECTORS REFRAIN FROM VOTING ON THOSE ISSUES WHERE THE OPPORTUNITY OR APPEARANCE OF A POTENTIAL CONFLICT MAY EXIST
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Explanation

FORM 990, PART THE EXECUTIVE COMMITTEE. IN CONSULTATION WITH THE FINANCE COMMITTEE. DETERMINES THE PRESID ENT'S COMPENSATION AFTER 1) COMPARING INDUSTRY DATA, 2) COMPENSATION OF TOP MANAGEMENT OF VI. SECTION B. LINE 15A FICIAL COMPARABLE NONPROFITS WITH SIMILAR MISSIONS AND/OR SIZE. AND 3) CONSIDERING LEVEL O F EXPERIENCE THE BOARD OF DIRECTORS APPROVES HIS/HER EMPLOYMENT CONTRACT

 990 Schedule O, Supplemental Information

 Return Reference
 Explanation

 FORM 990, PART VI, SECTION C.
 THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

LINE 18	AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C,	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
LINE 19	AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART IX,	OTHER PROGRAM SERVICE EXPENSES 107,955 MANAGEMENT AND GENERAL EXPENSES 6,638 FUNDRAISING
LINE 11G	EXPENSES 10,250 TOTAL EXPENSES 124,843